

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-375)**

CLAIM NO.

10-57794

FILING DATE

OFFICE

CLAIMS

AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT		AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51					
2						52					
3						53					
4						54					
5						55					
6						56					
7						57					
8						58					
9						59					
10						60					
11						61					
12						62					
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39						89					
40						90					
41						91					
42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL IND.	↓	2	↓		↓	TOTAL IND.	↓		↓		↓
TOTAL DEP.	←	17	←		←	TOTAL DEP.	←		←		←
TOTAL CLAIMS		19				TOTAL CLAIMS					